U.S. VETERANS HOSPITAL, JEFFERSON BARRACKS, SPINAL CORD INJURY UNIT AND TUBERCULOSIS NEUROPSYCHIATRIC BUILDING
(Veterans Administration Facility, Jefferson Barracks, Building No. 52)
(Veterans Administration Hospital, Jefferson Barracks)
(Department of Veterans Affairs Medical Center, Jefferson Barracks Division)
VA Medical Center, Jefferson Barracks Division
1 Jefferson Barracks Drive
Saint Louis
Independent City
Missouri

HABS MO-1943-X
MO-1943-X

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

REDUCED COPIES OF MEASURED DRAWINGS

HISTORIC AMERICAN BUILDINGS SURVEY
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U.S. VETERANS HOSPITAL, JEFFERSON BARRACKS, SPINAL CORD INJURY UNIT AND TUBERCULOSIS NEUROPSYCHIATRIC BUILDING (BUILDING 52)

HABS No. MO-1943-X

Location: Building 52, VA Medical Center, 1 Jefferson Barracks Drive, St. Louis, Missouri
USGS Quadrangle Oakville, Missouri
UTM Coordinates 16 7257944 E 9965003 N

Date of Construction: 1952

Designer: Jamieson and Spearl, Architects and Engineers, St. Louis, Mo.

Contractor: Unknown

Present Owner: U.S. Department of Veterans Affairs (VA)

Present Use: Long-Term Spinal Cord Injury Unit and Domicile

Significance: This building represents the 1950s conversion of the Jefferson Barracks Veterans Administration (VA) Hospital campus into a facility specializing in psychiatric services. The interior layout was also influenced by the theories of Dr. Paul Haun, a psychiatrist who helped shape the designs of VA mental treatment facilities in the post-World War II years. During the 1950s and 1960s, the building served as the psychiatric hospital's continued treatment facility for patients with spinal cord injuries. A portion of the building was also used at that time to treat mental patients who were infected with tuberculosis. The building's tuberculosis wards had been eliminated by the 1970s, but spinal cord injury treatment facilities have been retained in the building.

Project Information: This project was sponsored and funded by the U.S. Department of Veterans Affairs as mitigation for the demolition of buildings at the St. Louis VA Medical Center, Jefferson Barracks Division, a property that has been determined eligible for the National Register of Historic Places via consensus determination of eligibility between the U.S. Department of Veterans Affairs and the Missouri Department of Natural Resources State Historic Preservation Office.

Description:

The Spinal Cord and Tuberculosis Neuropsychiatric Building (Building 52, hereafter the Spinal Cord and TB Building) is a brick-clad flat-roofed building with two full stories. Located in the northwest portion of the medical center, the building sits on a grass lawn and is bordered on the southwest by grass lawn and on the east and southeast by the Infirm Building (Building 51). Parking lots and lawn sit to the west of the building, and the north side of the building faces grass lawn and the Disturbed Building (Building 53), which is now a nursing home.

The basement of the building is below grade on the west side (the facade), but the site of the Spinal Cord and TB Building slopes down on its east side, and so the basement is exposed on the east side, creating three stories on that side. The building's layout is composed of a long, narrow main north-south block, two small wings on the east side of the building, and two much smaller wings on the west side. The entire building has metal replacement windows and doors and alternating horizontal bands of yellow brick and orange brick. The orange brick bands have alternating courses of recessed and projecting brick. The reinforced-concrete structural frame consists of concrete posts, beams, and floor and roof slabs. The wall areas between the concrete posts are filled in with concrete block and then veneered on the exterior with brick. The main block of the building also has a small third-story penthouse at the center of the building; the penthouse is composed of yellow brick and has a flat roof and a series of small metal replacement windows and ventilator openings. The shape of the penthouse is irregular and has a bay that projects out on the southwest corner, and a recessed area on the southeast corner.

The facade (west wall) of the building faces a lawn and semi-circular drive. The facade features a two-story central lobby bay that projects out from the rest of the wall. The west wall of this central lobby bay has alternating orange and yellow brickwork and an aluminum and glass double door that serves as the main entrance. The main entrance is flanked by two window openings, each of which contains two one-over-one metal replacement windows. The second story of the facade of the central lobby bay has three openings, a small opening with a single one-over-one metal replacement window, flanked by two larger openings, with each of these openings containing two one-over-one metal replacement windows. The south wall of the central lobby bay has one triple and two single one-over-one metal replacement windows on the first floor, and three one-over-one metal replacement windows on the second floor. The north wall of the central lobby bay has a triple set of one-over-one metal replacement windows on both the first and second floors. The central lobby bay is capped with stone coping, and window openings on the west wall are trimmed in limestone. In front of the central lobby bay is a plain metal carport with thin steel columns and a flat concrete and metal roof.

Flanking the central lobby bay are portions of the west wall of the building's main north-south block. Each of these sections of wall has seven one-over-one metal replacement windows on each floor. Flanking these portions of wall are the building's northwest and southwest wings, each of which is two stories tall and has the same pattern of horizontal brickwork banding as the rest of the building. The north and south walls of these wings each has seven one-over-one double-hung windows on each floor. The west wall of each wing has a flat metal replacement door on the first floor, and a small one-over-one metal replacement window on the second floor.

Flanking the southwest and northwest wings are the south and north ends of the main block of the building. The north end is two stories tall and features on the first floor seven one-over-one metal replacement windows and a metal door. On the second floor, this wall has eight one-over-one metal replacement windows. The south end of the main block has a larger two-story portion and a small one-story portion at the end of the building. The two-story portion of the south end has four one-over-one metal replacement windows and a metal door on the first floor, and five windows on the second floor. The one-story portion has three one-over-one metal replacement windows.

The south wall of the main block features one small one-over-one metal replacement window on the second floor. The north wall of the main block also has one one-over-one metal replacement window on the first floor and a similar window on the second floor. The building's site slopes down on the east side, so the basement level of the building is partially exposed on the north and south walls of the main block; the exposed basement walls on these walls are veneered in orange brick, and the north wall has a basement door that is sheltered by a small one-story flat-roofed structure that forms a porch and vestibule.

The east (rear) wall of the building consists of the first and second stories of the building, plus the exposed basement level, visible because of the site's sloping topography. The rear wall also several wings: the east-central wing, the southeast wing, and the northeast wing.

The east-central wing is composed of multiple bays. The center bay includes a basement level and two full stories, with two small metal windows on the basement level, and one small window each on the first and second floors. The center bay is flanked by shorter bays that include only the basement and first floor. These flanking bays are both three bays wide, and each has three window openings on the basement level and first floor, with two one-over-one metal replacement windows in each opening. Above the flanking bays of the east-central wing, a portion of the second-story wall of the main block is exposed. The wall above the north flanking bay has two window openings, each with two one-over-one metal replacement windows, and the wall above the south flanking bay has three window openings, each with two one-over-one metal replacement windows.

A small elevator tower is positioned south of the east-central wing. This flat-roofed tower is windowless and has striped brickwork like the rest of the building. The tower extends to the full two-story height of the building. Flanking the elevator tower and the east central wing are portions of the east wall of the main block. The north section of this east wall contains five one-over-one metal replacement windows on each floor (basement, first, and second), and the south section of this wall features three similar windows on each level. These walls are in turn flanked by the southeast and northeast wings of the building, which both have two tiers and are largely identical. The northeast wing is cantilevered, so the basement is an open plaza area supported by concrete columns. The first floor level of this wing has a long horizontal window opening filled with a series of one-over-one metal replacement windows. The east portion of this wing includes the basement and first floor level, and the west portion of the wing (abutting the main block) extends to the second floor. The second floor of the wing's east wall features a large opening with a strip of windows similar to the window arrangement on the first floor level. The north and south walls of the wings have large openings on each floor, with each opening containing three to four one-over-one metal replacement windows.

The southeast wing is nearly identical to the northeast wing, but the basement level of this wing is enclosed instead of being open, and is attached to a connector structure that gives sheltered access from the Spinal Cord and TB Building to other buildings on the medical center campus.

The remainder of the east wall of the main block is made up of the south and north ends of the main block. The east wall of the north end has a basement level, a first floor, and a second floor. The wall has a mix of small windows and ventilator openings on the basement level, and seven one-over-one metal replacement windows each on the first and second floors. The south end has a northern portion composed of the basement level and the first and second stories, while the south portion of the south end has only the basement and first-floor levels. The south end has two small one-over-one metal replacement windows in the basement level and several small ventilator openings. The first floor has eight one-over-one metal replacement windows, and the second floor has five such windows.

The interior of the building originally had double-loaded corridors opening into multi-bed wards in most parts of the building. The current layout has double-loaded corridors in each wing, but the arrangement and type of rooms has changed due to the different uses of the building and the evolution of the techniques used to treat spinal cord injuries. The interior of this building has been remodeled repeatedly since the 1950s, including a major remodeling project carried out in 1973-1975, plus additional remodeling episodes in 1979 and 1994. The interior has no original interior finishes or features and is now composed of a series of rooms and corridors that date to renovations carried out during the last thirty years. The interior finishes now consist of gypsum board walls, drop acoustical ceilings with recessed fluorescent lighting, and replacement interior doors.

History:

The construction of the Spinal Cord and TB Building is related to a post-World War II conversion of the VA Hospital at Jefferson Barracks from a general medicine facility to a neuropsychiatric hospital. With the end of the war, a large number of veterans required medical and psychiatric treatment, and to address this situation in St. Louis, the VA constructed the John Cochran Hospital downtown for general medicine, and converted the existing Jefferson Barracks facility (south of the city) to a neuropsychiatric hospital. The John Cochran Hospital was built in the late 1940s and early 1950s, while initial new construction and remodeling for the neuropsychiatric facility was carried out at Jefferson Barracks from 1950 to 1952.

1940s Mental Health Reform and Post-World War II VA Neuropsychiatric Hospital Design

The conversion of the Jefferson Barracks facility to a modern neuropsychiatric hospital was related to a wave mental health reform at the end of World War II. Public demands for improved conditions were stoked by a 1946 article in *Life* magazine, written by medical writer Albert Q. Maisel. Entitled "Bedlam 1946: Most of U.S. Mental Hospitals Are a Shame and a Disgrace," the article exposed shocking abuses in mental hospitals.[1] By 1947, as part of an effort to build new VA hospitals, Dr. Paul Haun, a psychiatrist with the VA's Washington D.C. office, developed the "Schematic Plan for a 1,000-Bed VA Hospital," a general plan for psychiatric hospital facilities that recommended the types of buildings to be provided, as well as the number of floors and other details. This plan was publicized in the article "New Trends in Hospital Design," by Haun and Dr. Z. M. Lebensohn, in the February 1948 edition of *The American Journal of Psychiatry*.[2]

Haun's designs emphasized the importance of recreational and occupational training activities, and he tried to reduce the stigma of psychiatric hospitalization by making the facilities resemble resorts or college campuses.[3] He recommended that each psychiatric hospital should have a multi-story admissions and intensive treatment building to handle both the initial observation and diagnosis of newly arrived patients and the various forms of intensive psychiatric treatment that followed the diagnosis. Haun favored the multi-story layout because it allowed doctors quick, easy access to patients and also made it easier to contain the patients and secure the facility. Patients would stay in this building for no more than four to six months.[4] If intensive treatment was not effective, the patient would be

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[1] Albert Q. Maisel, "Bedlam 1946: Most of U.S. Mental Hospitals Are a Shame and a Disgrace," *Life,* May 6, 1946, 102-118.
[2] Paul Haun and Z. M. Lebensohn, "New Trends in Hospital Design," *The American Journal of Psychiatry* 104, no. 8 (February 1948): 555-564.
[3] Ibid., 564.
[4] Ibid., 557-559.

transferred out of the admissions and intensive treatment building and into one of several long-term care buildings for continued treatment. In contrast to the admissions and treatment building, Haun recommended that the continued treatment buildings should be low, sprawling structures of only one or two floors, which would allow patients easier passage to outdoor activities, an important part of Haun's treatment philosophy.[5]

The Function of the Spinal Cord and TB Building at Jefferson Barracks

A separate facility for tuberculosis and spinal injury patients was not specifically included in the schematic plan for VA hospitals published in Haun and Lebensohn's 1948 article. Their schematic plan proposed five continued treatment buildings, each one or two stories high, for long-term patients—two of these buildings are labeled as the disturbed building and the infirm building; the other three buildings are labeled simply as continued treatment facilities. The Spinal Cord and TB Building appears to conform to one of the generic continued treatment facilities.[6]

Construction drawings for the Spinal Cord and TB Building were drawn up by Jamieson and Spearl, Architects and Engineers, of St. Louis, in January 1950. Jamieson and Spearl was founded in St. Louis in 1918 when James Jamieson partnered with George Spearl. The firm was notable for designing major buildings at several colleges and universities across the Midwest, including ones at Washington University in St. Louis. Jamieson died in 1941, before the firm did work at the VA Hospital, Jefferson Barracks, but the firm continued to use the name Jamieson and Spearl into the 1950s.[7]

The building's original floor plan reflects Haun's philosophy that buildings for continued, longer-term care of patients should be low, one- or two-story buildings, and should be divided into small nursing units so that each patient received maximum attention.[8] In the case of the Spinal Cord and TB Building, the center of the building served as an administrative and dining area, the first floor of the north wing was the spinal cord injury unit, and the south wing and second floor of the north wing contained nursing units for psychiatric patients with tuberculosis.

The building's central area included a kitchen, two dining rooms, social services and doctors' offices, visitor rooms, conference rooms, and a nurses' education room. Specialized medical facilities in the center of the building included an operating room for minor surgery, a room for radioscopic and fluoroscopic techniques, and a pneumothorax room. These facilities appear to have been specialized medical facilities related to the

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[5] Ibid., 555-564.
[6] Ibid., 557.
[7] Esley Hamilton, *National Register of Historic Places Inventory Nomination Form for the Washington University Hilltop Campus Historic District*, 1978, on file at the Missouri State Historic Preservation Office.
[8] Haun and Lebensohn, "New Trends in Hospital Design," 557-558.

building's spinal cord injury or tuberculosis patients; these types of rooms do not appear in other neuropsychiatric hospital buildings constructed at Jefferson Barracks during the 1950-1952 construction campaign. The basement of the center wing also included occupational therapy rooms, a canteen, a neuropsychiatric research room, and medical laboratories for urinalysis, hematology, and bacteriology. The laboratories were presumably included for the tuberculosis patients in the building[9]

The spinal cord hospital on the first floor in the in the north wing of the building had a nurses' station, an exam and treatment room, and a series of one-, two-, and three-bed rooms on the first floor. Special facilities of this wing that were related to the spinal cord patients included larger bathrooms suitable for patients who were paralyzed, and fairly large clinic room for treating bowel disorders. Additional facilities in the basement of this wing were a hydrotherapy room with bathtubs of different sizes, an electrotherapy room, a large corrective therapy room, an animal research room, and a small patient library.[10]

The tuberculosis nursing units, located on the first and second floors of the south wing and the second floor of the north wing, were more typical of mental-health treatment wards influenced by the recommendations in Haun and Lebensohn's 1948 article. These nursing units would have accommodated psychiatric patients infected with tuberculosis. The first-floor unit of the south wing had a fifty-bed nursing unit, the second floor of this wing had a thirty-four-bed unit, and the second floor of the north wing had a forty-bed unit. The tuberculosis nursing units all included single-patient bedrooms as well as several two- and four-patient bedrooms. The largest patient rooms held eight beds. The nursing units also included the usual arrangement of doctor's room, clerical room, exam room, and nurses' station, as recommended in the 1948 article. Both second-floor nursing units also contained four to six seclusion rooms, which were small single rooms that were used to isolate patients who were suicidal, loud, violent, or difficult to control. One special facility in each ward that appears to have been directly related to the TB patients was a small room next to the nurses' station, labeled as being used for the aseptic technique, which appears to have been a sterilization procedure intended to prevent the spread of infection.[11]

A 1958 *St. Louis Post-Dispatch* article by reporter Mary Kimbrough characterized the campus the Jefferson Barracks VA Hospital as a 185-bed facility with a pleasant tree-lined campus, where patients were kept busy at therapeutic activities that would help them recover and return to normal life. The article also emphasized that patients wore their own clothing instead of hospital uniforms and lived in small wards instead of large dormitories. The influence of Dr. Paul Haun was showcased in the article, and the text repeated verbatim

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[9] Jamieson and Spearl, Architects and Engineers, *Construction Drawings for 544-Bed Neuropsychiatric Hospital, 58-Bed Spinal Cord and TBNP Building,* 1950, on file at St. Louis VA Medical Center, Jefferson Barracks Division, Building 3T.
[10] Ibid.
[11] Ibid.

many of the statements about mental treatment that were included in Haun and Lebensohn's 1948 article. The 1958 article also emphasized that the one-story design of buildings such as the Spinal Cord and TB Building allowed patients easier access to the outdoors and made them feel less confined, giving them more of a feeling of a normal daily life.[12]

This building continued to serve as the treatment facility for spinal cord patients and psychiatric patients with tuberculosis through the late 1950s and 1960s. It appears that by the early 1970s, the building was devoted mainly to spinal cord patients, possibly because the policy of isolating tuberculosis patients had been discontinued. From 1973 to 1975, the building was renovated to provide more up-to-date facilities for treating spinal cord patients. A $2 million upgrade of the building dedicated on December 1975 provided a fifty-eight-bed treatment unit that included a special clinic simulating the conditions of a private home or apartment; spinal cord patients were trained in this space to help them live independently in their own homes. The article that covered the 1975 upgrade also mentioned that before World War II, recovery from spinal injuries was considered impossible, but VA research had greatly improved the treatment and rehabilitation prospects for patients paralyzed from below the neck or the waist.[13]

Recent History of the Spinal Cord and TB Building

The building continued to be used to treat spinal cord patients in the late 1970s and 1980s. A June 1979 fire did $40,000 in damage to the second floor of the building's south wing, but the building was repaired and continued to be used.[14] By 1990, the building was serving as the Spinal Cord Injury and Neurology Unit,[15] and in 1994, portions of the interior were remodeled for a dental clinic.[16] Today, the building functions as a treatment and long-term care facility for patients with spinal cord injuries. Remodeled repeatedly since the 1970s, the building has no original finishes on the interior. Although demolition of some buildings is planned for the upcoming redevelopment of the St. Louis VA Medical Center, Jefferson Barracks Division, there are no plans to demolish the Spinal Cord and TB Building in the next few years.

Sources:

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[12] Mary Kimbrough, "Rehabilitation Is Goal at Barracks Hospital," *St. Louis Post-Dispatch*, November 6, 1958.
[13] *St. Louis Globe Democrat*, "Spinal Cord Injury Center Dedicated," December 20, 1975, on file at the Mercantile Library, St. Louis.
[14] *St. Louis Globe Democrat,* "Fire Does $40,000 in Damage," June 20, 1979, on file at the Mercantile Library, St. Louis.
[15] U.S. Department of Veterans Affairs, *Annual Real Property Survey Report, Building Numbers and Locations, Jefferson Barracks VAMC,* 1990, on file at St. Louis VA Medical Center, Jefferson Barracks Division, Building 3T.
[16] U.S. Veterans Administration, Construction drawing files for Building 52, 1950-2010, on file at St. Louis VA Medical Center, Jefferson Barracks Division, Building 3T.

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Jamieson and Spearl, Architects and Engineers. *Construction Drawings for 544-Bed Neuropsychiatric Hospital, 58-Bed Spinal Cord and TBNP Building*. 1950. On file at St. Louis VA Medical Center, Jefferson Barracks Division, Building 3T.

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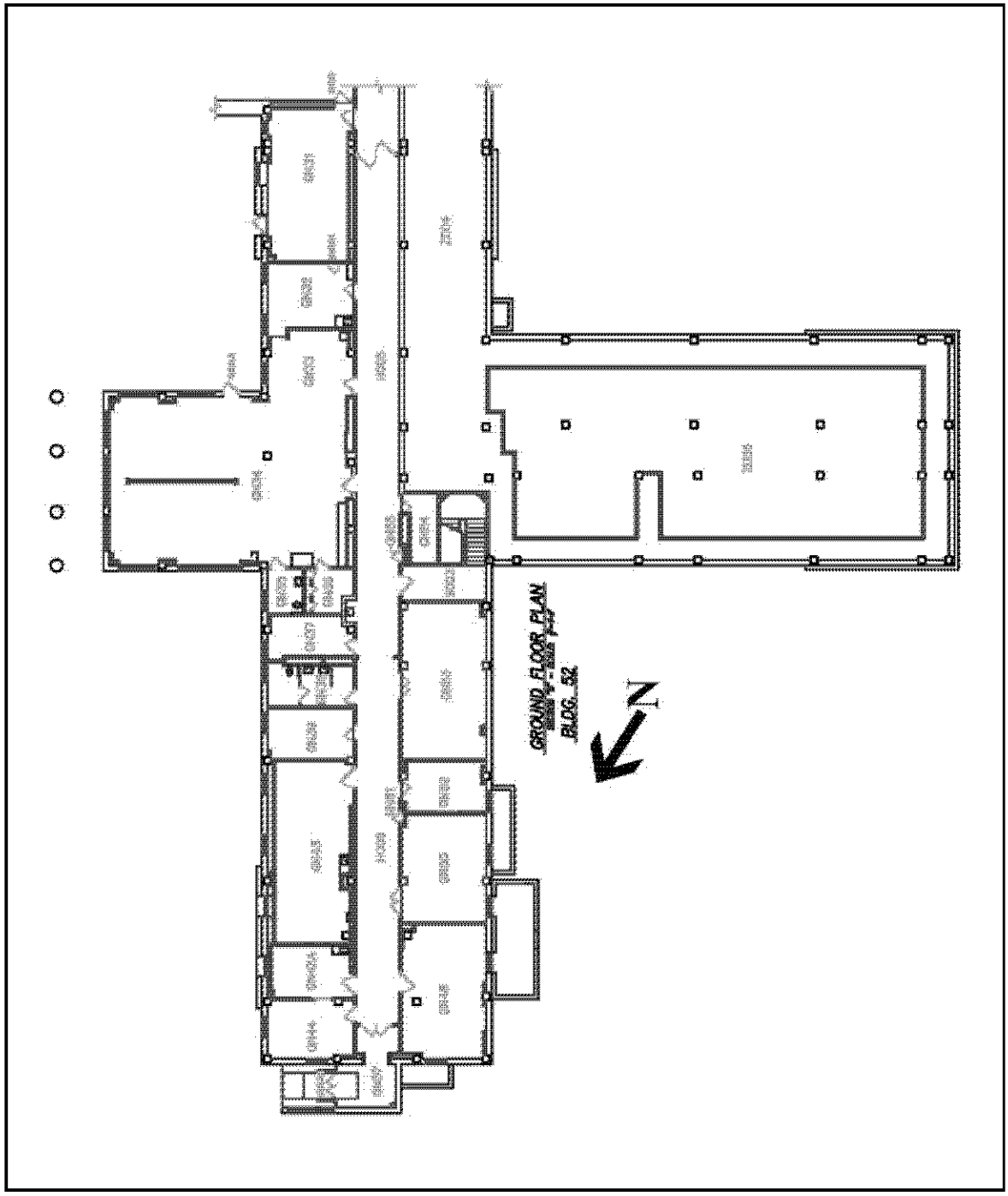
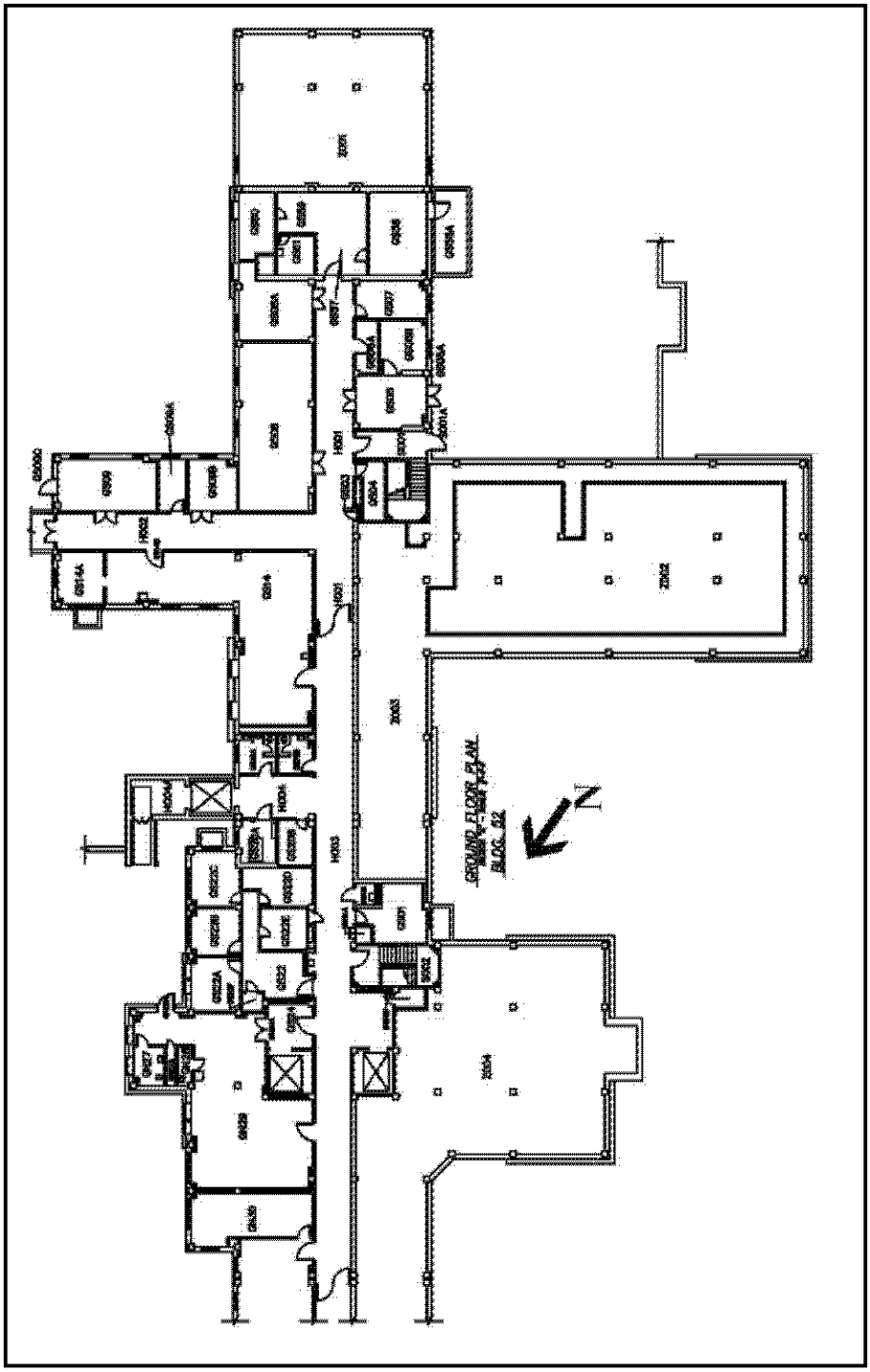
U.S. Veterans Administration. Construction drawing files for Building 52, St. Louis VA Medical Center, Jefferson Barracks Division. 1950-2010. On file at St. Louis VA Medical Center, Jefferson Barracks Division, Building 3T.

Historians:

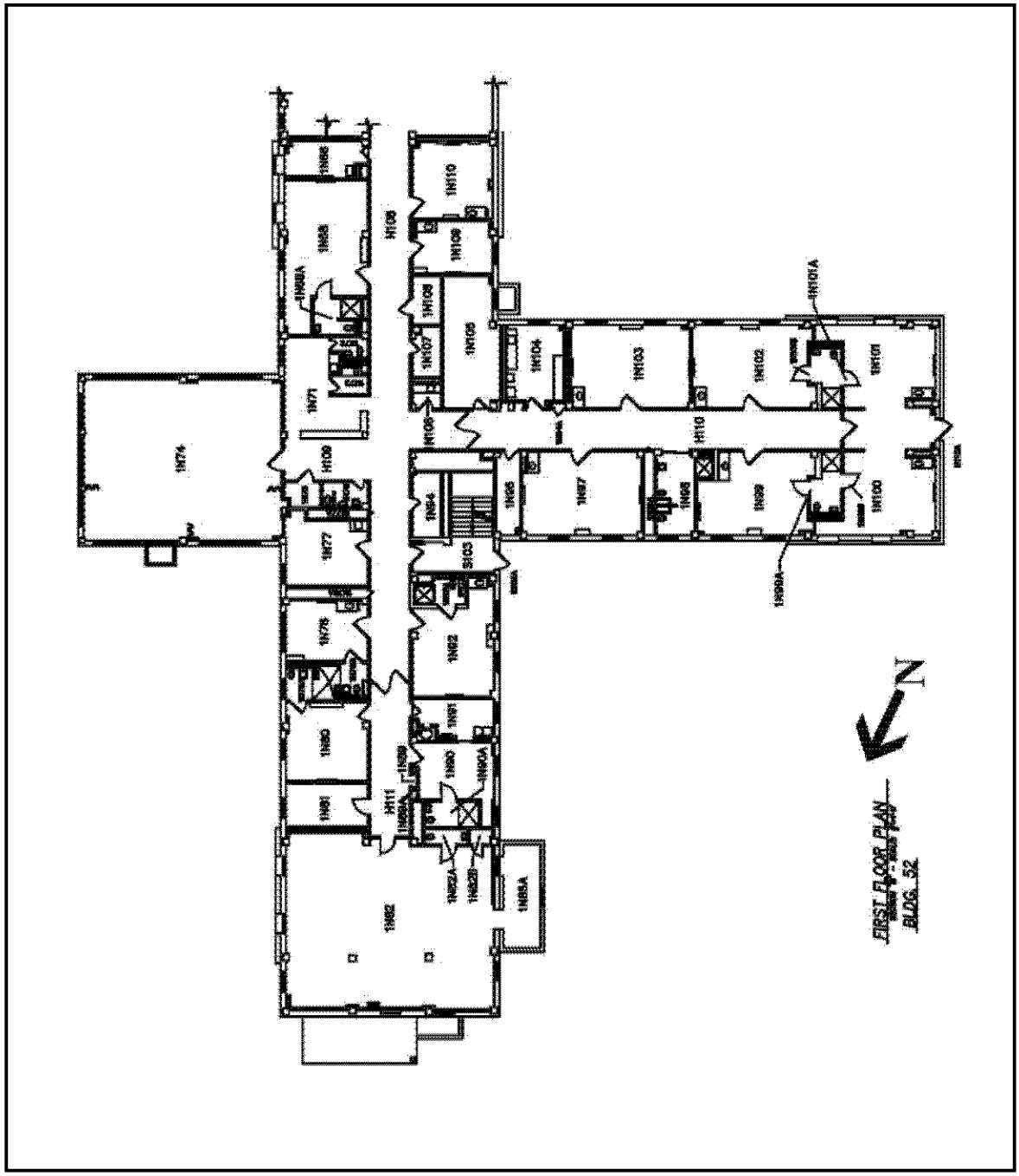
Maria Burkett, Roy Hampton
Hardlines Design Company
4608 Indianola Avenue
Columbus, Ohio 43214
Tel: 614-784-8733
Fax: 614-786-9336



Spinal Cord and Tuberculosis Neuropsychiatric Building (Building 52),
current floor plan for ground floor (north portion)



Spinal Cord and Tuberculosis Neuropsychiatric Building (Building 52), current floor plan for ground floor (south and central portions)



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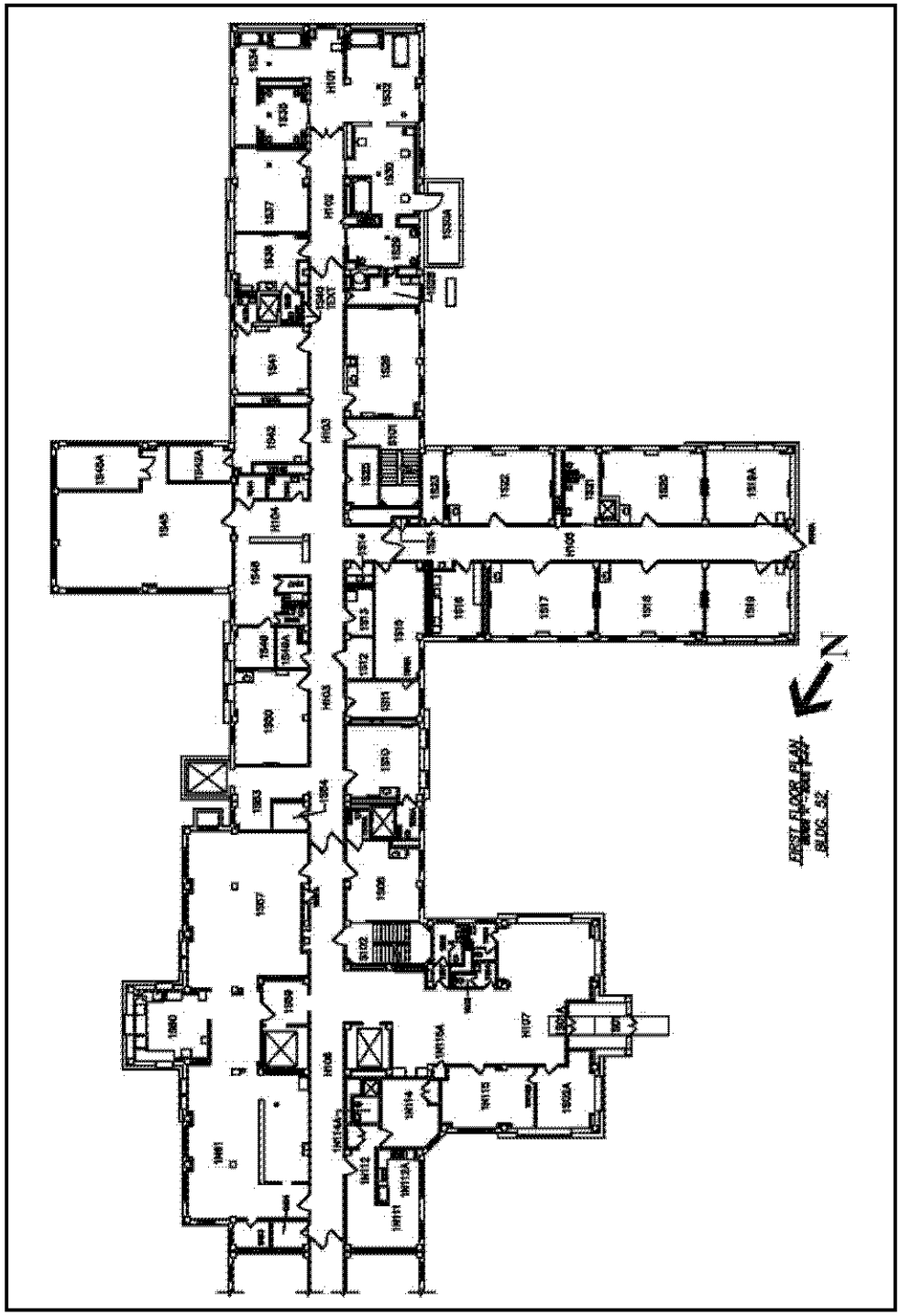
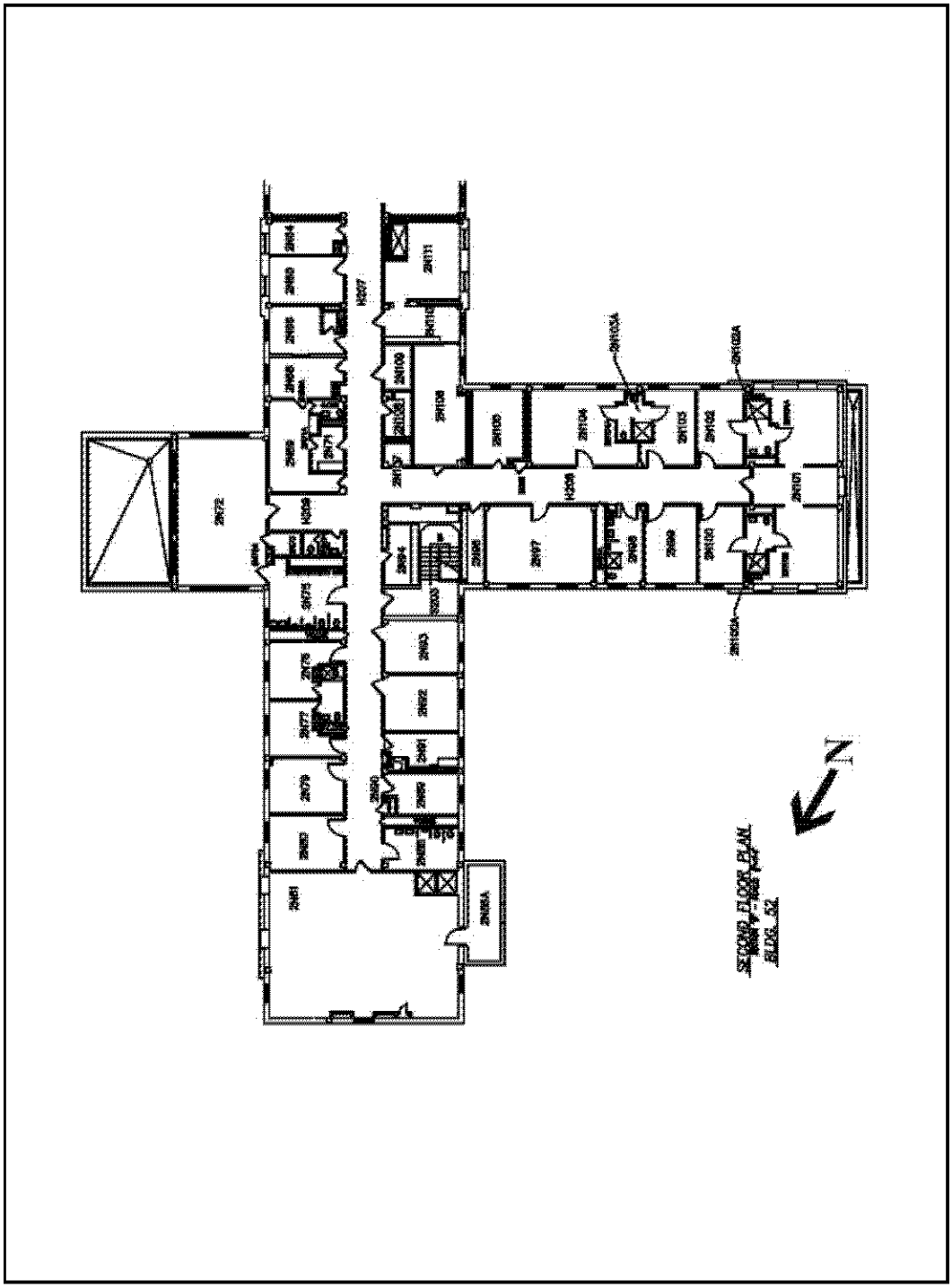


Spinal Cord and Tuberculosis Neuropsychiatric Building (Building 52), current floor plan for first floor (south and central portions)



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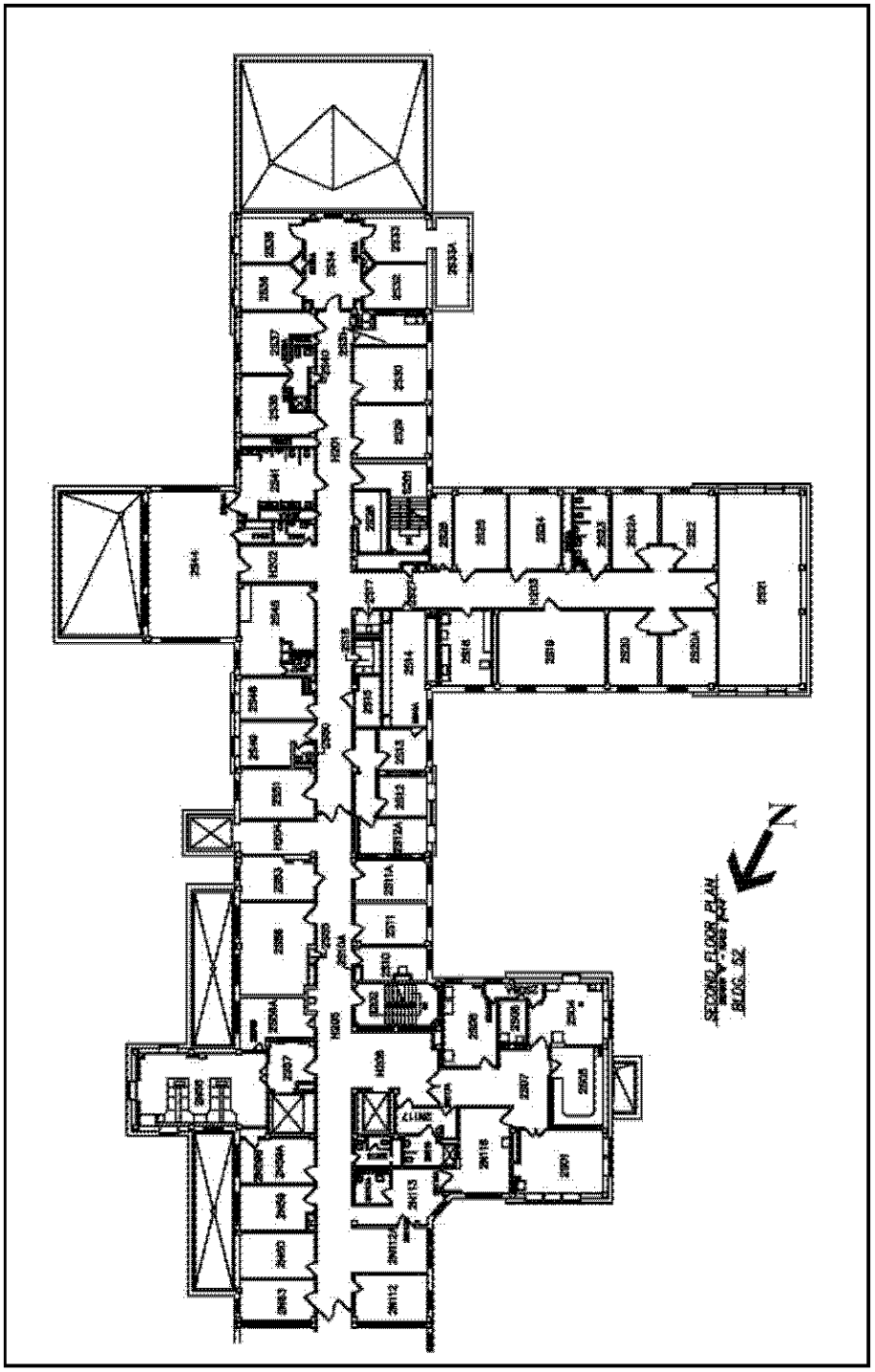
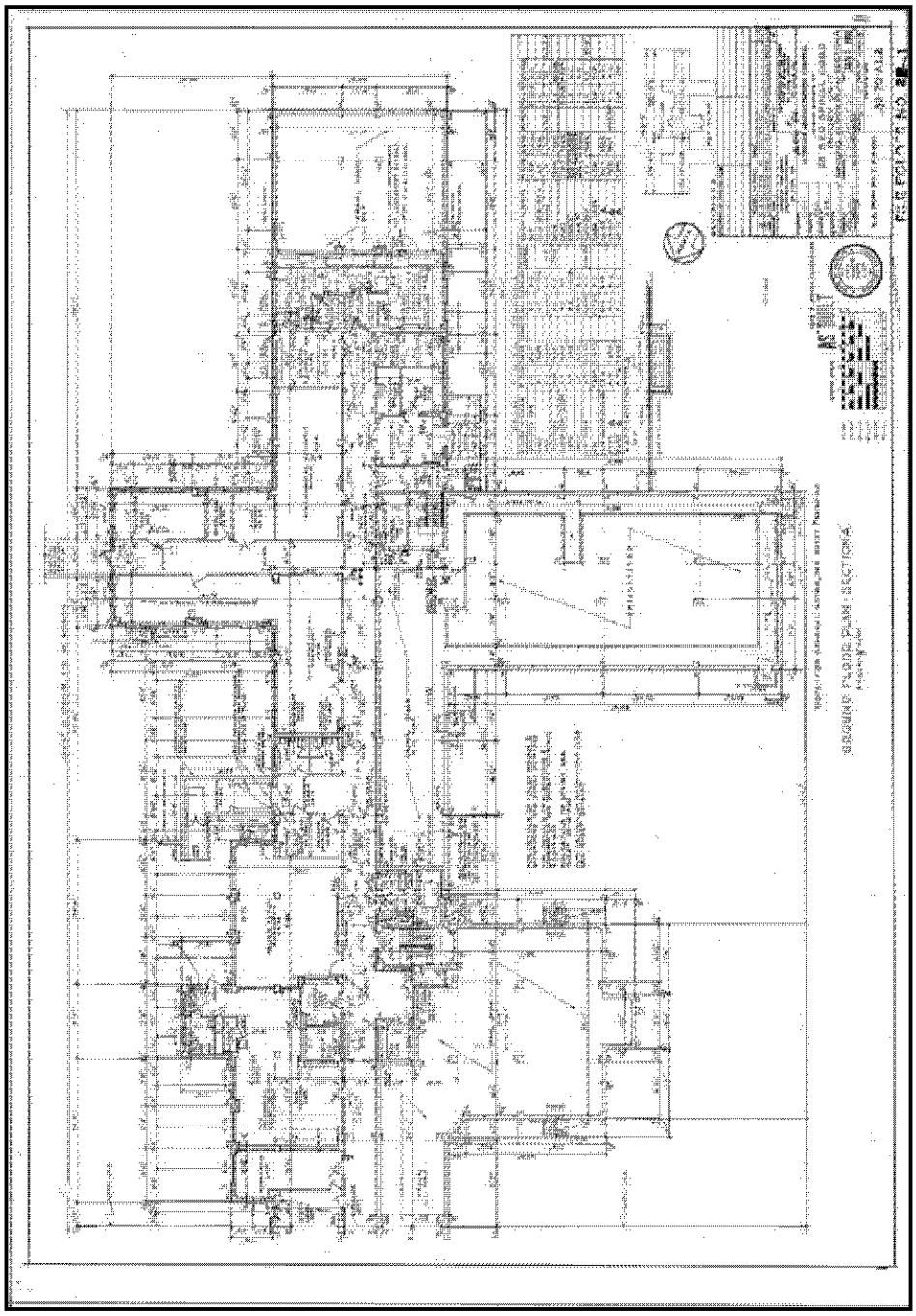
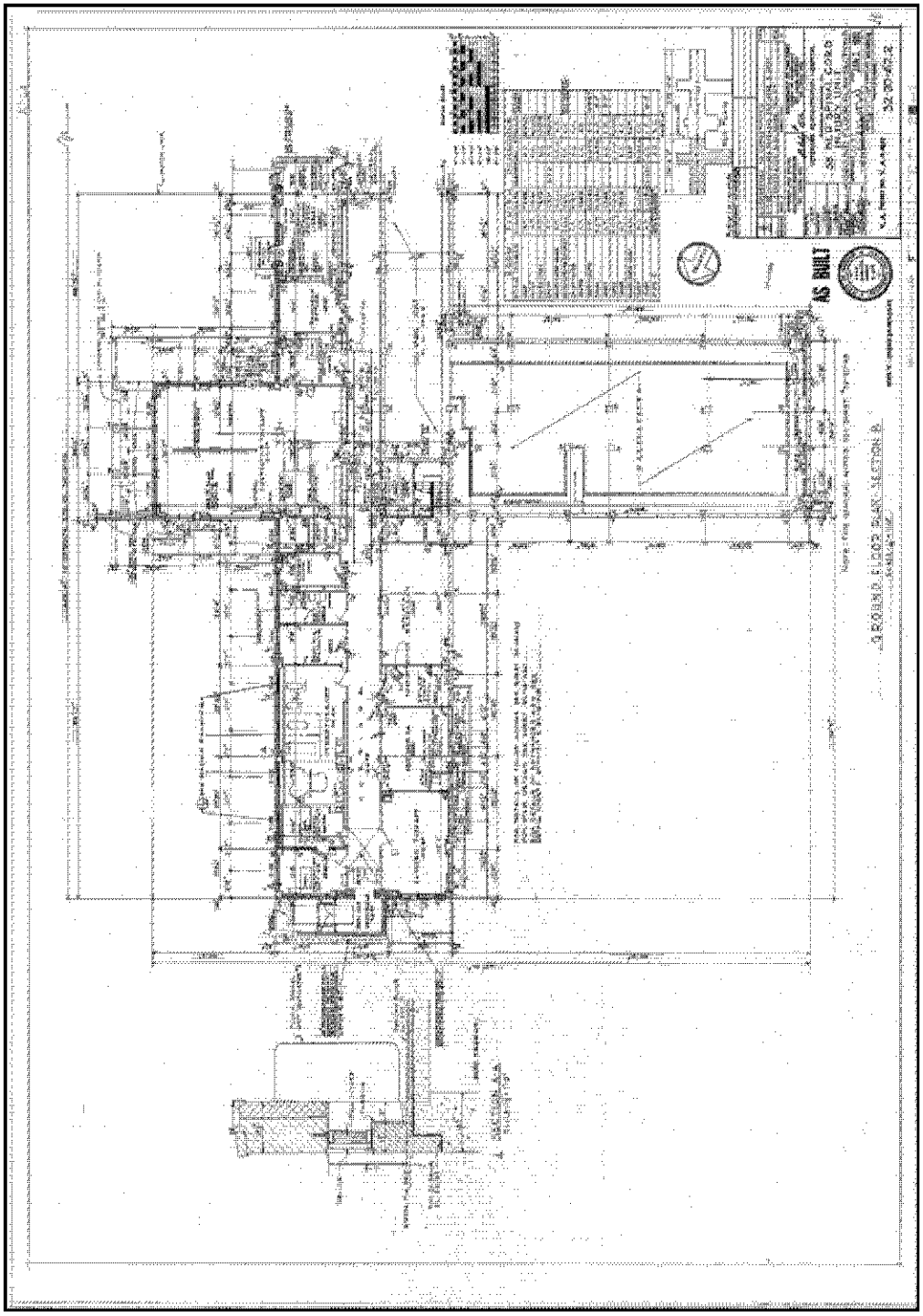


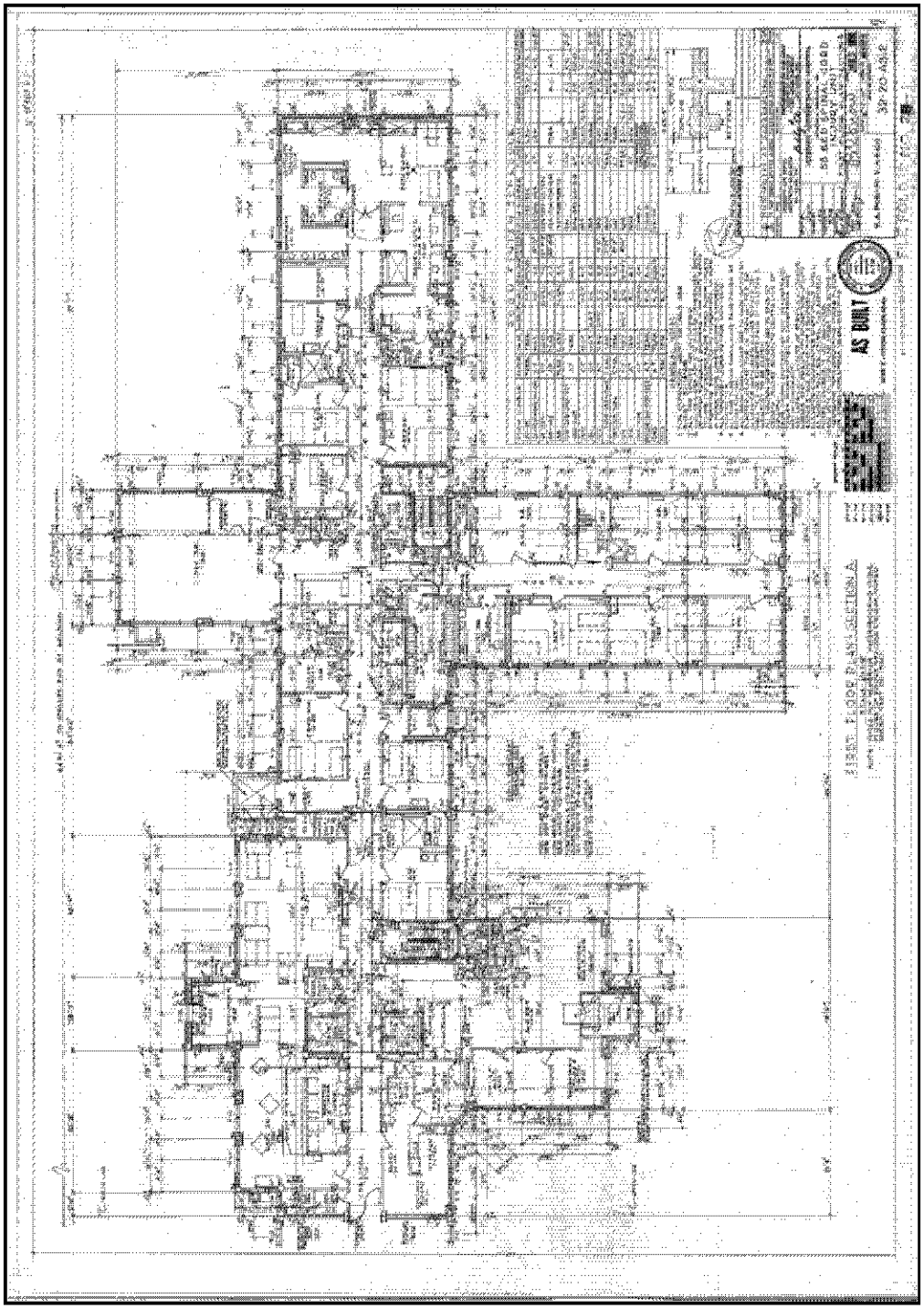
Spinal Cord and Tuberculosis Neuropsychiatric Building (Building 52), current floor plan for second floor (south and central portions)



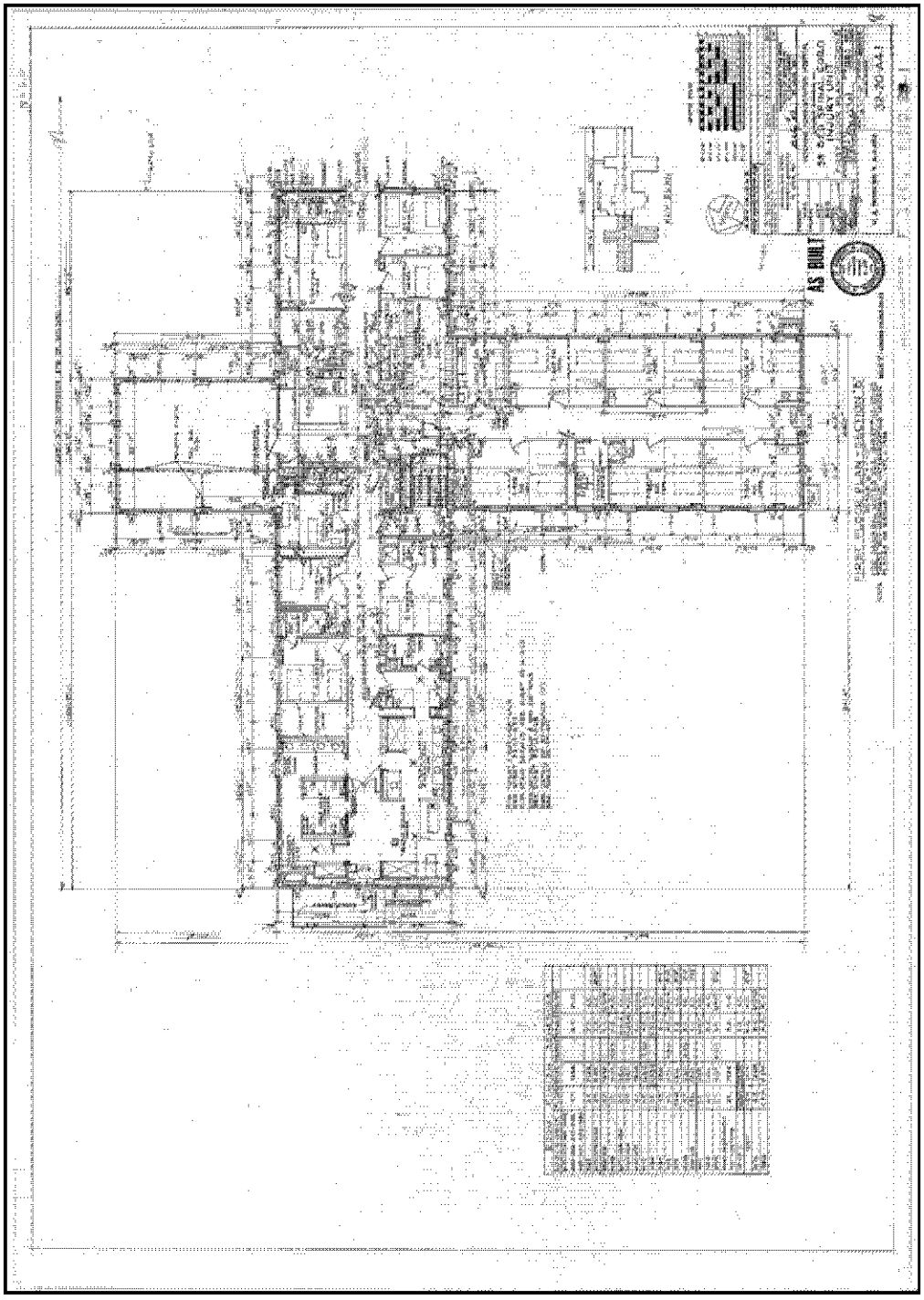
Original ground-floor plan, section A, south and central portions, for the Spinal Cord and Tuberculosis Neuropsychiatric Building (Building 52), 1950



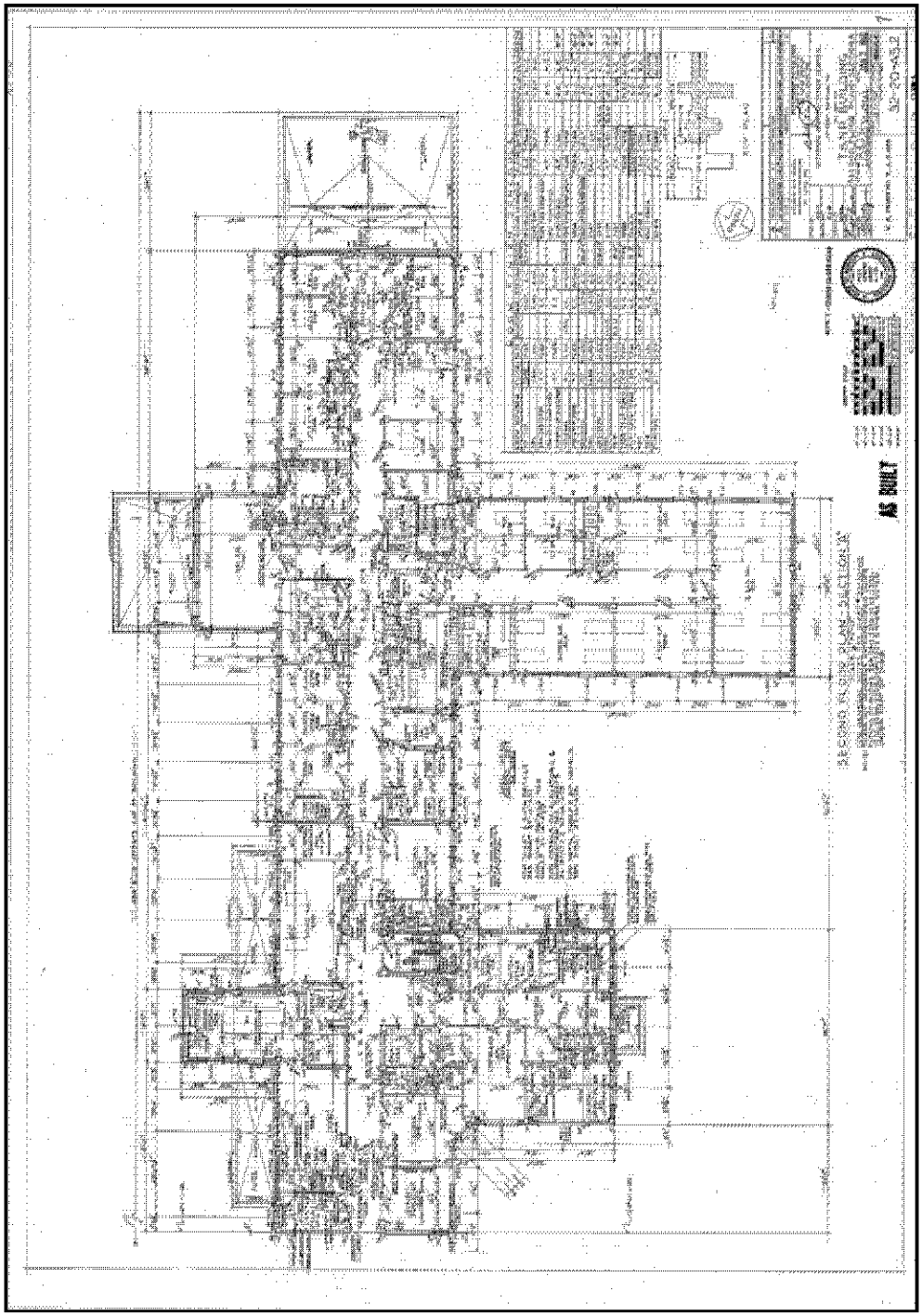
Original ground-floor plan, section B, north portion, for the Spinal Cord and Tuberculosis Neuropsychiatric Building (Building 52), 1950



Original first-floor plan, section A, south and central portions, for the Spinal Cord and Tuberculosis Neuropsychiatric Building (Building 52), 1950



Original first-floor plan, section B, north portion, for the Spinal Cord and Tuberculosis Neuropsychiatric Building (Building 52), 1950



Original second-floor plan, section A, south and central portions, for the Spinal Cord and Tuberculosis Neuropsychiatric Building (Building 52), 1950